Name in Full

John R. Ennalls

Certificate of Death

Died at Town Crapo County Dorchester MARYLAND

Date 1899 Month May Day 20 Age Y. 27 M. 6 D. Native of Dor Co Occupation Oysterman

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband of Wife Annie Ennalls 2

Father's Name Mother's Name

Cause of Death Primary Consumption How long sick 6 mos

~~Immediate~~ ~~Accident, Suicide, Homicide~~

Reported by A. J. Kirwan

Address Crapo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. L. P. Jones

of Corapo

Seen by Coroner

of

Information contained in this certificate re-

ceived from

of

Name in Full

Certificate of Death

William Thomas Foble

Died at Town Cambridge County Dorchester MARYLAND

Date 1899 Month 5 Day 19 Age Y. 57 M. 10 D. 17 Native of Md Occupation Tobacconist

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Wife Mary Schleigh 90

Father's Name John Foble Mother's Name Mary E. Disney

Cause of Death Primary Cirrosis of Liver & Brights How long sick

Immediate Biliary & Uremic Coma Accident, Suicide, Homicide

Reported by Guy Steele

Address Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Daniel Foster

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1899 Month: May Day: 31 Age Y. 58 M. D. Native of: Dorchester Co Occupation: Laborer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 3

Husband / Wife of Anna Foster

Father's Name Dr Foster Mother's Name Rebecca Foster

Cause of Death — Primary: Chronic Nephritis How long sick 5 or 6 months

Immediate: Exhaustion ~~Accident, Suicide, Homicide~~

Reported by B N Goldsborough MD

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Florence Elizabeth Geoghegan

Certificate of Death

Died at Town County Dorchester MARYLAND

Date 189 9 Month 5 Day 24 Age Y. 8 M. 5 D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name August W. Geoghegan Mother's Name Martha F. Geoghegan

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Dorchester Standard

Address 6-3

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name In Full Samuel Dearn

Certificete of Death

Died at Town Cambridge County Dorchester MARYLAND

Date 189 9 Month 5- Dey 5- Y. M. D. Age 62

Native of

Occupation

~~Mele~~ ~~Female~~ White Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 9 -

Husbend of
Wife

Father's Neme

Mother's Name

Ceuse of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Dorchester Standard 5-13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full Matthew Hoofer

Certificate of Death

Died at Town Cambridge County Dorchester MARYLAND

Date 189 9 Month May Day 24 Age Y. 70 M. D. Native of Md. Occupation Sailor

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband of Wife Father's Name Julia Hoofer Mother's Name —

Cause of Death Primary Paralysis 44 How long sick 1 week

Immediate Accident, Suicide, Homicide

Reported by John Mace M. D.

Address Cambridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary Novella Jackson

Certificate of Death

Died at Town Thompsons Station County Worcester Co MARYLAND

Date 1896 Month May Day 5 Age Y. — M. 4 D. — Native of Worcester Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Clifton I. Jackson

Mother's Name Jennie C. Hopkins

Cause of Death Primary Capillary Bronchitis How long sick 6 weeks about

Immediate Gradual exhaustion 71 ~~Accident, Suicide, Homicide~~

Reported by Guy Steele M.D.

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full William. William, Johnson

Certificate of Death

Died at Town Dorchester County — — MARYLAND

Date 1899 Month May Day 25 Age Y. 73 M. 7 D. 3 M. Native of New Jersey Occupation Laborer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ Widow ~~Widowed~~ Divorced Number of children living 3

Husband of Wife Hannah E Johnson

Father's Name William W Johnson Mother's Name

Cause of Death Primary Dropsey 155a How long sick 22 Months

Immediate Accident, Suicide, Homicide

Reported by C A Pinder

Address Airey Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. A G Hart

LIBRARY BUREAU, 79898

Attended by Dr. Seyers

of Salem Ind

Seen by Coroner _____

of _____

Name in Full | Certificate of Death

Eliza Lecompt

Died at Town Cambridge County Dorchester MARYLAND

Date 189 9 Month May Day 17 Age Y. 40 M. D. Native of Md Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife Samuel Lecompt

Father's Name Robert Spedden Mother's Name Spedden

Cause of Death Primary Sephsarma Child Bed How long sick 2 weeks

Immediate 119 6 22 ~~Accident, Suicide, Homicide~~

Reported by John Mace M.D.

Address Cambridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Lewis Sumners Lecompte

Died at Town: Vienna County: Dorchester MARYLAND

Date 1894 Month: May Day: 2 | Age Y.: 2 M.: 9 D.: 13 | Native of: Vienna Md | Occupation: Md

Male: male White: white ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Lloyd Lecompte Mother's Name: maden Name Prise ~~Robert Lecompte~~

Cause of Death: Primary: pulmary indigestion | How long sick: one day

Immediate | ~~Accident, Suicide, Homicide~~

Reported by: Rev. P. Prise M.D. 8W

Address: Vienna Dorchester Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. R J Price

of Vienna Dorchester md

Seen by ~~Coroner~~

of

Information contained in this certificate received

from Loyd Lecompte

of vienna dor co md

Geo. W. McCready undertaker

Name In Full

John L. Meredith

Certificate of Death

Town County

Died at Toddsville Dorchester MARYLAND

Date 1899 Month May Day 10 | Age Y. 47 M. 7 D. 5 | Native of Toddsville | Occupation Oysterman

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced

Number of children living 4

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary Delirious | How long sick 4 mos

~~Immediate~~ | ~~Accident, Suicide~~, Homicide

Reported by D. J. Kirwan

Address Crapo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. E D Jones

of Crapo

Seen by Coroner

of

Information contained in this certificate was received from

of

Name in Full

Certificate of Death

Ginge Miginniss Navy

Died at Town Cambridge County D. Dorchester Co. MARYLAND

Date 1899 Month May Day 3 Age Y. — M. 4 D. Native of Md. Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of~~ children living

Husband of Wife

Father's Name G. Radcliffe Navy

Mother's Name Grace Miginniss

Cause of Death Primary Whooping Cough

Immediate

How long sick Several weeks

~~Accident, Suicide, Homicide~~

Reported by John Mace Md.

Address Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Emma Smith

Died at Town: Cambridge County: Dorchester MARYLAND

Date 1899 Month: May Day: 30 | Age Y. 23 M. 1 D. 18 | Native of Dorchester Co | Occupation School Teacher

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | ~~Divorced~~ Number of children living

Husband / Wife of ———

Father's Name Charles M. Smith | Mother's Name Lelia Smith

Cause of Death — Primary: Tuberculosis Pulmonary & Intestinal — How long sick: 3 months

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by F B Goldsborough

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full Lidie E Stanley

Certificate of Death

Died at Town E N Mark — County Dorchester MARYLAND

Date 189 9 Month 5 Day 7 Age Y. 2 M. 6 D. — Native of Dorchester Occupation Infant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~

~~Wife~~

Father's Name Garrison Stanly

Mother's Name Annie L. Stanly

Cause of Death: Primary Remittant fever — 154

Immediate Convulsions —

How long sick 2 weeks

~~Accident, Suicide, Homicide~~

Reported by Geo P. Jones M.D.

Address E N, Market Dorchester Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Rebecca S Stewart

Certificate of Death

Died at Town Cambridge County Dorchester MARYLAND

Date 189 9 Month May Day 3 | Age Y. 53. M. D. | Native of Dorchester Co | Occupation House wife

~~Male~~ Female | White ~~Colored~~ | Married Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4

Husband Wife of Jas A Stewart -

Father's Name Washington Eccleston | Mother's Name Sophia Eccleston

Cause of Death: Primary Old age - | How long sick A few hours

Immediate Indigestion | ~~Accident, Suicide, Homicide~~

Reported by T.W. Goldsborough

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full Thomas E. Thompson

Certificate of Death

Died ~~at~~ in Dorchester County MARYLAND

Date 1894 Month	Day	Age Y.	M.	D.	Native of	Occupation
May	15	62			Dorchester Co	Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband / Wife of Samuel E. Thompson

Father's Name Francis Webb | Mother's Name Jane Webb

Cause of Death — Primary: Chronic Nephritis — How long sick: 18 Months

Immediate: Congestion of Brain — ~~Accident, Suicide, Homicide~~

Reported by P. W. Goldsborough

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70008

Name In Full

Certificate of Death

Elizabeth B Wray

Died at Town: Cambridge County: Dorchester MARYLAND

Date 189 9 Month: May Day: 9 | Age Y. 26 M. D. | Native of Dorchester Co Occupation Dress maker

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | Divorced Number of children living

Husband of Wife

Father's Name Richard Wray

Mother's Name Isabel Wray

Cause of Death: Primary Laryngeal & Pulmonary Phthisis — How long sick

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by D W Goldsborough

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Name In Full

Certificate of Death

Town

County

Died at Hurlock Dorchester MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189 5 - 13 | Age 71

Male / ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 7

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Coroner Federalsburg Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7